

Commissioner of the Revenue

Salem, Virginia

Sidney C. Kuzmich
Chief Deputy Commissioner of the Revenue
skuzmich@salemva.gov

Kristie D. Chittum
Commissioner of the Revenue
kchittum@salemva.gov

Amendment to Business License

Business License Account #: _____

Type of Change: ____ Address ____ Trade Name ____ Ownership* ____ Federal ID ____ Other
(check all that apply)

FROM: Only complete information to change

Owner: _____ Trade Name: _____

Mailing Address: _____

Business Location: _____ Federal ID: _____

Phone: _____ Fax: _____ Email: _____

TO: Only complete information to change

Owner: _____ Trade Name: _____

Mailing Address: _____

Business Location: _____ Federal ID: _____

Phone: _____ Fax: _____ Email: _____

Please attach all required documents listed below before remitting to the Commissioner

- Zoning Approval – for all business location changes
- Home Occupation Permit- for all home based businesses that have relocated
- Clerk of Court Receipt- for all trade or corporation name changes
- Corporate Charter issued by the Virginia State Corporation Commission -for all Corporation name changes (This must include a list of all officers and registered agents)
- Certification from State Corporation Commission-for all businesses becoming a limited partnership

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY ELECTRONICALLY SIGNING BELOW I ALSO CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE ABOVE COMPANY AND UNDERSTAND THAT FORGERY IS PUNISHABLE BY LAW.

Signature of Owner/Agent _____ **Date** _____

*** Requires Taxpayer to contact the Commissioner's Office**